

ATTACHMENT 4.19-B  
PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

d. Other Practitioner Services

1. Physician Assistants. Reimbursement will be 90% of the fee established under physician services, section 5 of this attachment.
2. Nurse Practitioners. Reimbursement will be 90% of the fee established under physician services, section 5 of this attachment.
3. Certified Registered Nurse Anesthetist. Payment will be made following the anesthesia service provisions of section 5 of this attachment.

TN # 92-19  
SUPERSEDES APPROVAL DATE 5/27/92 EFFECTIVE DATE 4-1-92  
TN # 92-05

ATTACHMENT 4.19-B  
PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

7. Home Health Services

a,b,d. Home Health Agencies.

Payment will be made according to a fee schedule established by the State Agency. The fee schedule was set following negotiations with representatives from the Home Health Agencies and will be adjusted as authorized by the South Dakota Legislature.

TN # 91-16  
SUPERSEDES  
TN # 91-04

APPROVAL DATE

1/28/92

EFFECTIVE DATE

7-1-91

ATTACHMENT 4.19-B  
PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

c. Durable Medical Equipment.

For equipment that the state agency has established a fee the payment will be the lesser of the provider's usual and customary charge or the established fee.

For other equipment the payment will be the lesser of 75% of the provider's usual and customary charge or the amount allowed by the Medicare program. If there is no Medicare amount allowed the payment will be 75% of the provider's usual and customary charge.

Rental payments will be applied toward the allowable purchase price of the equipment. Except for equipment that is only rented the state agency will consider the equipment purchased when 12 rental payments have been made without a break in the rental of 3 or more consecutive months. A new rental period begins following a break of 3 or more consecutive months.

Types of equipment that will always be rented are apnea monitors, CPAP, BiPAP, ventilators, oximeters, oxygen concentrators, and low-air-loss or air-fluidized beds or pads. Generally equipment required for a short time, e.g. 6 months or less, will be rented. However, equipment costing less than \$120 will normally be purchased regardless of the length of time it will be needed.

Equipment repair will be paid on the basis of 75% of the provider's usual and customary charge for the necessary repairs, not to exceed the amount that would be paid for a new piece of equipment.

TN # 92-05  
SUPERSEDES  
TN # 91-16

APPROVAL DATE

4/8/92

EFFECTIVE DATE

1-1-92

ATTACHMENT 4.19-B  
PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

8. Private Duty Nursing

Not provided.

TN # 91-16  
SUPERSEDES  
TN # 91-04

APPROVAL DATE 1/28/92EFFECTIVE DATE 7-1-91

ATTACHMENT 4.19-B  
PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES9. Clinic Services

- a. Family planning clinics.

Usual and customary charge.

- b. Ambulatory surgical centers.

Procedures payable are given a group assignment for reimbursement purposes following the Medicare assignment whenever available with the exception that Medicare groups 5, 6, 7, & 8 are all included in our group 4. Payment was originally set at the original Medicare levels for the different groups and will be updated as authorized by the South Dakota Legislature.

- c. Endstage renal disease clinics.

Medicare principles of reimbursement.

- d. Indian health service clinics.

Per visit fee established by HCFA.

- e. Maternal Child Health Clinics.

Payment follows the provisions of section 5 of this attachment.

ATTACHMENT 4.19-B  
PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES10. Dental Services

Payment will be based on a fee schedule established by the Dental contractor administering the dental and orthodontic program. The base for the contractor's fee schedule was established by the State Agency. The State Agency fee schedule was established at 63% of the 75th percentile of the usual and customary charge reported for procedures that were reported 10 or more times during the base year. The fee schedule will be updated by the successful contractor. For covered services for which a fee has not been established the payment will be determined by the contractor based on the provider's usual and customary charges or 55% of billed charges, whichever is less.

TN # 96-11  
SUPERSEDES  
TN # 91-16

APPROVAL DATE 09/09/96

EFFECTIVE DATE 7-1-96

ATTACHMENT 4.19-B  
PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

11a. Physical Therapy

See physician services - section 5 of this attachment.

TN # 91-16  
SUPERSEDES  
TN # 91-04

APPROVAL DATE

1/28/92

EFFECTIVE DATE

7-1-91

ATTACHMENT 4.19-B  
PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

11b. Occupational Therapy

Not provided.

TN # 91-16  
SUPERSEDES  
TN # 91-04

APPROVAL DATE

1/28/92

EFFECTIVE DATE

7-1-91



ATTACHMENT 4.19-B  
PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

11c. Services for Individuals with Speech, Hearing, or Language Disorders

See physician services - section 5 of this attachment.

TN # 91-16  
SUPERSEDES  
TN # 91-04

APPROVAL DATE

1/28/92

EFFECTIVE DATE

7-1-91

ATTACHMENT 4.19-B  
PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES12a. Prescription Drugs

Payment will be the lower of the usual and customary charge to the general public and the upper limit for multiple source drugs as listed in Part 6 of the State Medicaid Manual plus a dispensing fee or the estimated acquisition cost (EAC) plus a dispensing fee. In addition the State Agency will maintain a list of drugs for which payment will be limited to the lower of a state maximum allowable cost (SMAC) plus a dispensing fee or the pharmacy's usual and customary charge for the product.

The EAC is established first utilizing the monthly MediSpan listing or, for items not in the MediSpan list, the Redbook and:

1. Using the average wholesale price for class II substances;
2. Using the average wholesale price less 10.5% for all other substances except for items listed under the SMAC; or
3. Using the average of the average wholesale price less 10.5% for all generic products available for a specific drug listed on the SMAC.

The dispensing fee was established using information received from participating pharmacies relative to their costs of operating the prescription department within the store and the volume of prescriptions dispensed. The dispensing fee will be updated from time to time as authorized by the South Dakota Legislature.

TN # 91-16  
SUPERSEDES  
TN # 91-04

APPROVAL DATE

1/28/92

EFFECTIVE DATE

7-1-91

South Dakota